

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000461

FILED
Apr 20, 2007
Secretary of State

Entity Name: CADDY FOR A CURE INC.

Current Principal Place of Business:

2067 NW 104TH AVE.
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

2067 NW 104TH AVE.
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 20-0667507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLDEN, RUSS
2067 NW 104TH AVE.
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLDEN, RUSS
Address: 2067 NW 104TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: HOLDEN, COLLEEN
Address: 2067 NW 104TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: OATES, RICHARD
Address: 712 SHADY LANE
City-St-Zip: SOUTHLAKE, TX 76092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN HOLDEN

D

04/20/2007

Electronic Signature of Signing Officer or Director

Date